

# **Building Workforce Resiliency Within Workplaces**

**A Framework for Health Service Provider Systems  
Responding to Pandemic Influenza in Manitoba**

This information/data is being shared with you as a stakeholder in H1N1 pandemic planning in Manitoba. As such, this information is to be used solely for that purpose. This information cannot be used in any way for research purposes without the written authorization of Manitoba Health & Healthy Living.

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## TABLE OF CONTENTS

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<b>HOW TO USE THIS DOCUMENT</b> .....	2
<b>EXECUTIVE SUMMARY</b> .....	3
<b>INTRODUCTION</b> .....	4
Goals .....	4
Health Service Organizations Targeted .....	4
Rationale .....	4
Core Principles of Psychosocial Planning and Workplace Resiliency .....	5
<b>ENHANCING WORKFORCE RESILIENCY: A TWO-PRONGED APPROACH</b> .....	6
A. Organizational .....	6
A1. Leadership Roles .....	6
A2. Communication Needs .....	8
A3. Work Arrangements and Roles .....	9
B. Support Services for Individual Workers and their Families .....	10
B1. Training .....	10
B2. Worker-Care Teams .....	10
B3. Rest and Recuperation Sites for Workers .....	11
B4. Support for Families of Essential Service Providers .....	11
B5. Bereavement and Grief Support .....	12
B6. Specific Supports for Response Workers .....	12
B7. Specific Supports for Quarantined Workers .....	13
<b>SOURCE DOCUMENTS</b> .....	14
<b>APPENDICES</b> .....	15
Appendix I Why is Workforce Planning Important during a Pandemic	
Appendix II Psychosocial Issues for Health Care and other Essential Service Providers	
Appendix III Psychosocial Issues for Families of Health Care & Other Essential Service Providers	
Appendix IV Key Messages for Employers to Provide to Staff	
Appendix V Coping with the Impact of a Pandemic for Health Care Workers and their Families	
Appendix VI Pre-Pandemic Period Checklist	
Appendix VII Pandemic Alert Period Checklist	
Appendix VIII Pandemic Period Checklist	
Appendix IX Post Pandemic/Recovery Period Checklist	
Appendix X Additional Resources	
Appendix XI Glossary of Terms	
Appendix XII Contributors	

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## HOW TO USE THIS DOCUMENT

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*Building Workforce Resiliency within Workplaces*<sup>1</sup> is designed to assist organizations in meeting the short and long term psychosocial needs of workers responding to a pandemic.

**Organizations are encouraged to use the framework as a guide for developing a customized workplace resiliency plan that meets their specific needs.** The tools, messages and templates included in the document may be adapted to fit the requirements and circumstances of each specific workplace.

### Highlights

- Direct **quotes from health care providers**<sup>2</sup> involved in previous public health emergencies (throughout the document)
- A two-page Q&A on **why workplace resiliency is important** (Appendix I)
- A list of **key messages for employers** to use (Appendix IV)
- Planning and resiliency **information for workers and their families** (Appendix V)
- A **family preparedness template** for management and staff (Appendix V, page 6)
- **Planning checklists** to assist in determining if your organizations' preparedness plan includes the psychosocial components outlined in this document (Appendices VI-IX)

*A Note on Terms:* A resilient workplace is successfully achieved through a resilient workforce. Therefore the terms “workforce resiliency” and “workplace resiliency” are used interchangeably throughout the document. For other terms please see the **Glossary** in Appendix XI.

Also note that Appendix V, page V-9, includes a section that RHAs and organizations can customize by identifying their own local appropriate resources.

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<sup>1</sup>This framework document is one component of the broader Provincial Pandemic Psychosocial Plan which considers the psychological/behavioral and social aspects of the structural, material, health and economic consequences of a pandemic on community members.

<sup>2</sup>Quotes from health care providers are from the document, *Caring for Nurses in Public Health Emergencies*, <http://www.cprn.org/doc.cfm?doc=1841&l=en>.

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## EXECUTIVE SUMMARY

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Surveys conducted with employees at three health departments in Maryland in 2006 and 2008 indicate that *between 16 – 50 per cent of health services employees would not report to work during a pandemic.*<sup>3</sup> The reasons given by workers for unwillingness to work include:

- low confidence and trust in their employer’s ability and intention to protect and support them (and by extension their family);
- a lack of information;
- low confidence in their own ability to fulfill their roles;
- little understanding of their importance in the overall pandemic plan; and
- low concern about the pandemic in general.

When the impact of care giving needs, employer-imposed quarantine, employee illness and “burnout” due to increased workloads and emotional strain are all taken into account, the estimated number of absentee health services workers rises dramatically.

As a result, psychosocial planning and workforce resiliency initiatives need to be an integral part of an organization’s pandemic plan.

Resiliency can be strengthened in the workplace through:

- strong leadership;
- participatory planning;
- on-going and two-way communication and education;
- training and support;
- training, education and implementation of effective infection control measures;
- support for staff;
- training and education on psychosocial issues and needs;
- worker-care teams;
- processes, policies and spaces that support rest and recuperation;
- support for family members;
- access to grief and bereavement supports; and
- specialized supports for deployed, reassigned and quarantined workers.

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<sup>3</sup>Balicer, Ran, et al. Local public health workers’ perceptions toward responding to an influenza pandemic, *BMC Public Health*, April 2006, 6:99; Barnett, Daniel, et al. Assessment of Local Public Health Workers’ Willingness to Respond to Pandemic Influenza through Application of the Extended Parallel Process Model, *PLoS ONE*, July 2009, 4 (7); Irvin, Charlene, et al. Survey of Hospital Healthcare Personnel Response during a Potential Avian Influenza Pandemic: Will They Come to Work? *Prehospital and Disaster Medicine*, August 2008, 23 (4).

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## INTRODUCTION

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Experience in disaster management has shown that health, emergency and public safety workers may experience high levels of stress as a result of their role in responding to a pandemic. Increased stress affects individual workers, their families and the organizations where they work. When these pressures continue over a period of time, they can reduce an individual's ability to perform assigned duties and may have long-term affects.

Although it is impossible to prepare for every potential scenario, pre-event planning and, if necessary, mid-event adaptation of plans are essential to the success of workforce resiliency. In fact, the process of planning for an emergency is at least as important if not more important than the plan it produces. Effective crisis response capacity depends on the development of collaborative and trusting relationships and on the contributions of workers themselves into the development of plans.

### Goals:

- To enhance workforce resiliency;
- To help essential service provider systems manage stress resulting from responding to a pandemic; and
- To assist in improving worker wellbeing and health – increasing the likelihood of workers remaining on the job.

### Health Service Organizations Targeted:<sup>4</sup>

- Regional Health Authorities;
- Mental health, addictions and social service agencies;
- Provincial Government (e.g. Public Health, Disaster Management);
- Testing and research labs;
- Emergency services and public safety organizations (e.g. EMS, Police, Fire); and
- Organizations that provide volunteers.<sup>5</sup>

### Rationale:<sup>6</sup>

- The more resilient an organization's essential service providers are, the more effective a system-wide pandemic influenza response will be.
- Workplace resiliency practices can help maintain and enhance professional performance.
- Employers implementing workplace resiliency plans may have fewer issues related to illness, burn-out, sick pay, overtime pay, use of benefit time, staff rotation and family-care concerns.

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<sup>4</sup>Other essential service provider organizations, such as public utilities, sanitation, transportation, and food and medicine supply-chain operators, may also find this document useful.

<sup>5</sup>Volunteers might fulfill a variety of purposes during a pandemic including: visiting and assisting patients in and out of hospital; providing mental health support to essential service providers and general public; etc. However, there is not generally time to train or recruit volunteers once a pandemic or other emergency presents itself. Creating a database of potential volunteers and their skills and developing "just in time" training can help organizations use volunteers more effectively during a pandemic. Organizations and agencies with existing pools of volunteers should integrate volunteer representatives into the planning process.

<sup>6</sup>See Appendix I for a visual explanation of why workplace resiliency plans are necessary.

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- Workplace resiliency plans assist essential service workers and their families as they cope with physical, personal, social, mental and emotional challenges related to high work loads, personal or family illness, financial strain and stress.

**Core Principles of  
Psychosocial Planning and  
Workplace Resiliency:**

- Two-way communication;
- People come first;
- Participatory decision-making;
- Clear leadership, roles, responsibilities;
- Collaboration and inclusivity;
- Integrated approach;
- Range of supports;
- Continuous evaluation; and
- Based on research and lessons-learned.

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## ENHANCING WORKFORCE RESILIENCY: A TWO-PRONGED APPROACH

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“Workforce resiliency” can be thought of as the ability of a system to continue to fulfill essential functions when acted upon by a stressor that is dependent on personal resiliency—the ability to quickly adapt to and cope with adverse circumstances in a healthy manner. Personal resiliency may be enhanced by improving coping skills through training and by building social support networks before a pandemic emerges.

Organizations that employ healthcare providers or other essential service workers can further enhance resiliency by adopting policies and encouraging practices that support operational success while improving job satisfaction and morale. These efforts may include enhancing human resource policies (e.g. flexible schedules and work locations to enable balancing competing work and life demands), management philosophies (e.g. team building, respectful two-way communication) and operational policies (e.g. operational tempo or staff rhythm and rest/recovery cycles) to help employees meet the challenges of a pandemic response.

Organizations must ensure that pandemic planning encompasses not only the integrity of systems but the integrity of individual workers within those systems. This may be accomplished through an integrated approach that combines:

- A. Implementation of organizational changes that support the workforce as a whole; and
- B. Provision of emergency support services to individual workers and their families.

### A. Organizational

A number of organizational factors have been identified to address overall workforce issues and needs during a pandemic. These factors include leadership roles, communication, and work arrangements/roles.

Institutionalizing policies allows organizations and groups to deal proactively with workers’ needs during a pandemic, thereby increasing worker confidence in the effectiveness of the response. Policy changes, including those during the pandemic, can have a positive impact on worker wellness and attendance.

#### A1. Leadership Roles

Administrators, managers and supervisors are encouraged to:

- integrate psychosocial<sup>7</sup> planning into all aspects of the broader organizational pandemic response plan, including evaluation;
- develop specific workplace resiliency plans to prepare and support essential service providers during and following a pandemic;
- coordinate planning and response with provincial, regional and local partners;
- plan for a long response (i.e. more than one year);
- be aware that pandemic influenza often reaches communities in “waves” and can result in periods of adrenaline followed by exhaustion and numbness;
- ensure there is an effective leadership, management and team structure specific to the pandemic response;<sup>8</sup>

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<sup>7</sup>Psychosocial is a term that was developed to address the psychological and sociological issues of human needs, considering the person as a whole.

<sup>8</sup>See the Northwest Centre for Public Health Practice’s (School of Public Health, University of Washington) Workforce Resiliency Course, <http://www.nwcp.org/training/courses-exercises/courses/workforce-resiliency-details>, for more information on leadership during an emergency.



“We were told our hospital would be a SARS hospital, and within two weeks all the management offices were moved to another location. We were told it was all because of amalgamation and it was going to happen anyways, but it sent a strong message.”  
(*Caring for Nurses*, p 17)

- train supervisors in strategies for maintaining a supportive work environment;
- engage staff in planning (e.g. ask about workers’ psychosocial needs and how to best address those needs);
- perform an audit in order to identify and address gaps in current psychosocial response capacity and planning (see checklists in Appendices VI – IX);
- be aware of cultural, language and other special needs in your workforce and engage groups and individuals in planning for how each need might be met, remaining sensitive to how such differences can impact on health and self-care practices;
- take into account the gendered nature of care giving (ex: most nurses and in-home caregivers are female) and the impact this may have on the ability to report to work;<sup>9,10</sup>
- develop a process to educate staff regarding the organization’s response plan, including each worker’s role in that plan;<sup>11</sup>
- identify specific triggers for implementation of psychosocial programs;
- ensure programs meet the different needs of workers maintaining regular duties, those working in the field, personnel in centralized operations who support field workers and workers who are quarantined (see sections B6 and B7 on pages 12 and 13);
- designate an appropriate person to lead ‘worker care’ – encourage this individual to form a team and clarify roles and responsibilities;
- establish a risk communication plan; engage in on-going training in risk communication;<sup>12</sup>
- create an infection control plan that will reduce worker anxiety about infecting loved ones, including:
  - on-going training in infection control and emergency preparedness;<sup>13</sup>
  - regular fit-testing of infection-control equipment; and
  - support for laundering contaminated uniforms.
- develop leadership reserves that can address loss of key leaders due to illness, secondary impacts or death;
- develop a surge capacity plan—adequate surge capacity will increase workers’ confidence in being able to handle an emergency and will decrease work-load issues:
  - address human resource shortages;
  - re-prioritize essential services; re-assign staff as needed;
  - create a database of skilled potential workers (e.g. retirees, students);
  - engage in creative sharing and development of resources in order to address capacity issues;
  - plan for training of re-assigned and emergency workers; and

“If the risks outweigh the benefits, chances are people aren’t going to come in.”  
(*Caring for Nurses*, p 7)

“I want to be able to change and decontaminate before I go home.”  
(*Caring for Nurses*, p 14)

<sup>9</sup>See “Caring for Nurses in Public Health Emergencies” <http://www.cprn.org/doc.cfm?doc=1841&l=en> .

<sup>10</sup>Some studies (such as Irvin, et al 2008) have found that women were less likely to report willingness to report to work during a pandemic, however others (Balicer, et al 2006), have found no correlation.

<sup>11</sup>Studies indicate that technical and support staff (receptionists, computer specialists, data analysts, etc) were less likely to say they would report for work than clinical staff and that nurses were less likely to report to work than doctors (Irvin, et al 2008; Balicer, et al 2006).

<sup>12</sup>See Centre for Disease Control’s online course at <http://emergency.cdc.gov/cerc/CERConline/index.html>.

<sup>13</sup>Barriers to participation might include: being unable to afford tuition or being unable to afford taking time off without pay (e.g. casual staff may not receive payment to attend educational sessions).

“I have NO benefits. Should I put myself at risk? What if I get sick for a long time? I have no benefits to help me financially.”  
(*Caring for Nurses*, p 7)

– be aware of factors addressing willingness and ability to work (e.g. lack of benefits such as sick time, inconsistent remuneration, concern regarding potential infection of family).

- maintain a positive outlook and a sense of humour;
- lead by example — psychosocial support within an institution depends on the support of leaders at all levels;
- plan to update plans and procedures annually; and

“There is stigma from educated professionals — how can you expect compassion from general public if educated professionals don’t give you the respect?”  
(*Caring for Nurses*, p 18)

• be aware of the negative impact of stigmatization on workers.<sup>14</sup>

## A2. Communication Needs

Knowledge is empowering and a critical component of stress reduction. An important part of effective workforce resiliency is an internal communications strategy.

Communication may be one of the most important aspects of resiliency planning. Health workers with concerns about the threat of a pandemic and who believe that they can have a meaningful impact on the pandemic response were more likely to report a willingness to work.<sup>15</sup> In addition, an important factor for employees’ willingness to report to work is how confident they are that the employer can protect them. Therefore, it is of the utmost importance that pandemic status, risks and plans are shared with employees, including details on each individual’s role in the response and information on infection control measures.<sup>16,17</sup>

Communicators are encouraged to:

- develop a communication plan that addresses the “who” (target audience and spokesperson), “what” (content), “when” (timing and frequency of communication), and “how” (technological and other solutions);
- be aware that communication needs to be two-way and support and strengthen the organization’s resiliency;
- simplify complex messages—well thought-out messaging will reduce the spread of incorrect information, reduce rumors and ensure that the right message reaches the intended audience;
- provide clear, honest and regular updates to staff on the status of an emerging or evolving pandemic; avoid underplaying in order to ‘maintain calm’;
- utilize appropriate forms of communication for your organization:
  - written notices (include care strategies for the workforce);
  - ‘brown bag’ lunch sessions, e-mails (which provide the opportunity to ask questions, provide suggestions and be part of the process);
  - a staff Hotline number or central access spot for information; and
  - a staff Hotline number for support in dealing with stress and anxiety.
- provide timely follow-up as staff raise questions and suggestions;
- provide current information regarding sick pay, overtime pay, staff rotation, shift coverage, use of benefit time, transportation, etc.;

“(I have) lots of guilt. ... (I) If I bring it home and they get sick, it’s because of me.”  
(*Caring for Nurses*, p 7)

<sup>14</sup>See “Caring for Nurses” <http://www.cprn.org/doc.cfm?doc=1841&l=en> (p17) for a discussion about the impact of perceived stigmatization from managers towards nurses.

<sup>15</sup>Balicer, et al, 2006.

<sup>16</sup>Balicer, et al, 2006.

<sup>17</sup>Barnett, et al. 2009.

- use one designated source of information for current procedures and infection control guidelines;
- provide specific information and education on the organization's pandemic response plan:
  - clarification of roles and responsibilities;
  - scheduling of training and mock drills/scenarios;
- be aware of specific healthcare issues that may require communication during a pandemic including:
  - availability of vaccines, antiviral drugs and personal protective equipment (PPE);
  - actions to address depletion of PPE and medical supplies;
  - approaches to ensure patients' adherence to medical and public health measures without causing undue anxiety or alarm;
  - management of agitated or desperate persons (e.g. a plan to move such persons to a designated separate area to work one-on-one where security is available);
  - guidance on distinguishing between psychiatric disorders and common reactions to stress and trauma;
  - managing fear about infection by employing triage and education strategies;
  - guidance and psychosocial support for persons exposed to large numbers of influenza cases/deaths;
  - guidance and psychosocial support for persons with unusual or disturbing disease symptoms;

“Casual staff shouldn't be considered 'back up team' but part of the team [and] should be informed...”  
(*Caring for Nurses*, p 13)

- plan for reassignment of eligible staff;
- clarification of rights (right to refuse work, etc.); and
- compliance policies for all staff.

- rationale for and potential benefits and risks of all interventions including pharmaceutical, medical and psychosocial interventions; and
- quarantine plans.
- be aware of and plan to mitigate contradictory messages coming from various sources;
- be sensitive to professional, educational, geographic and cultural differences that can affect communication;
- provide information on what to do if workers or their family members experience stigmatization or discrimination because of their role in the pandemic influenza response; and
- be aware of the potential for heightened awareness about risks due to media coverage, misinformation and/or lack of information.

### A3. Work Arrangements and Roles

Workers that are clear about what their role is and who are able to balance competing work and life demands will be more effective and feel more competent in their jobs. Self-report research has shown that health workers who were confident that they could fulfill the responsibilities of their role in the pandemic response were more likely to report to work.<sup>18</sup>

Schedule managers and supervisors are encouraged to:

- allow for flexible work arrangements;
- assist workers with transportation arrangements to help them avoid exposure to large groups of potentially infected persons (e.g. carpooling, employer-provided private transportation);

<sup>18</sup>Barnett, et al, 2009.

- create manageable work shifts, including breaks, allowing workers to rest and/or address family needs;
- provide adequate recovery periods;
- encourage high standards of protection that provide both a physical and psychological benefit;
- provide adequate support for new and unfamiliar roles — consider providing written instructions for cross-training on essential tasks;<sup>19</sup>

“A warm body isn’t much use if they don’t know what needs to happen.”  
(Caring for Nurses, p 6)

- rotate and transition workers gradually from high to medium to low stress areas; and
- provide opportunities for debriefing after a shift (ex: exit interviews).

## B. Support Services for Individual Workers and their Families

In addition to supportive organizational policies, healthcare workers and other essential service providers may require individualized support services to help them maintain personal resiliency during a pandemic.

Workers may experience a broad range of reactions including:

- distress;
- grief;
- exhaustion;
- anger;

- helplessness;
- uncertainty; and/or
- fear.<sup>20</sup>

These reactions may be overwhelming and compromise health, safety and performance in the workplace. Some workers may need assistance balancing the demands of work and home, so they can function appropriately on the job. For a detailed listing of psychosocial issues for health care and other essential service providers, see Appendix II.

### B1. Training

As part of a workplace resiliency plan, one or more of the following types of training are encouraged:

- emotional and behavioural consequences of public health risks for workplaces;
- psychological first aid;
- how to support and sustain a healthy working environment.

### B2. Worker-Care Teams

Established Psychosocial Worker-Care Teams<sup>21</sup> can:

- monitor employee health and well-being, recognize fatigue;
- distribute information appropriate for each phase of a pandemic;
- maintain and possibly staff rest and recuperation sites (see below);
- provide peer support<sup>22</sup> (may involve ‘buddy systems’);

“(Someone) (n)eed(s) to monitor burnout with teams and team leaders, recognizing fatigue – if you let them, they will not stop working.”  
(Caring for Nurses, p 9)

<sup>19</sup>Experience has shown that it is not unusual for responders to be asked to work outside their areas of expertise. In addition to covering co-workers’ jobs due to illness, one new role workers may have to assume is providing ‘disaster psychosocial support’ —immediate symptom-relevant and culturally-safe psychosocial support, triage and assessment for psychological issues requiring specialized intervention and appropriate referrals.

<sup>20</sup>Some workers may not experience negative reactions which is also normal.

<sup>21</sup>See [http://www.health.gov.bc.ca/library/publications/year/2007/Worker\\_Care\\_Team.pdf](http://www.health.gov.bc.ca/library/publications/year/2007/Worker_Care_Team.pdf) for a detailed description of Worker Care Team support services in British Columbia.

<sup>22</sup>Effective psychosocial programming can and often does include peer support teams/groups. The advantage of peer support groups is a greater likelihood of acceptance and first-hand knowledge of the work environment and culture. The disadvantage is that team members can themselves be part of the response and therefore at risk of burnout themselves, and can at times be too close to colleagues and incidents to provide effective service, including assessing the necessity for referring to a more experienced mental health professional. Peer teams should work closely with a professional who can provide ongoing supervision, training, and support to the peers themselves.

- provide support to families;
- coordinate activities such as mindfulness training, relaxation meditations, physical exercise breaks, and other stress management techniques;
- encourage worker self-monitoring and awareness;
- link workers to further psychosocial and counseling support;
- be aware of cultural differences and their impact on health, self-care practices and access to information;
- provide spiritual care (or link to spiritual care); and
- work with employee assistance programs and other community partners to create specialized support opportunities for employees.

Worker-care teams can be comprised of (or supplemented by) non-government organizations (e.g., Red Cross, Salvation Army, faith-based organizations) or retired emergency and public safety responders. They may also include employees with the appropriate combination of education, training or inclination as natural caregivers. In either case, team leaders may want to include spiritual care providers, Elders, Medicine Persons, Traditional Healers and/or clergy members as appropriate to the needs of the workers.

The roles of employees will clearly depend on existing capacity. Teams will need to be aware of and able to operate within the parameters of their organizations' culture. Team members may experience some resistance associated with the stigma of mental health interventions and the general tendency to ignore or accept high levels of stress as a normal part of the job. This kind of response is adaptive to a point; however, these barriers can sometimes mean that serious signs of burn out, and cognitive and behavioural symptoms of acute and chronic stress are ignored.

### **B3. Rest and Recuperation Sites for Workers**

"PPE wear is exhaustive."  
(*Caring for Nurses*, p 9)

Designated spaces for workers may offer:

- access to quiet, safe relaxing spaces;
- healthy food;
- debriefing opportunities and access to emotional and spiritual support;
- music;
- educational materials;
- time away from work demands;
- telephone and computer access to connect with loved ones; and
- back-up clothing.

### **B4. Support for Families of Essential Service Providers**

Employee willingness and ability to remain on the job will be increased if workers are confident their families are safe and receiving care. See Appendix III for psychosocial issues for families of health care and other essential service providers. Organizations that support the needs of the families of employees are more likely to have a sufficient workforce reporting for duty. Specific family supports include:

- employee education on the importance of family emergency communications plans to ensure that family members know how to maintain contact during an emergency (see Appendix V);
- a process for clear communication and updates from the organization to workers' loved ones;
- provision of a variety of ways for workers to connect with their family members (email, cell phone, phone, etc);
- physical supports for families (e.g. child and elder care, food, transportation, medication, equipment);

"For a single mother – how is she going to get the groceries if she is the only adult in the household?"  
(*Caring for Nurses*, p 15)

- informational supports (e.g. updates on outbreak status, factual information on risks, etc.); and
- emotional support for families (e.g. telephone support lines, access to psychosocial support team).

### B5. Bereavement and Grief Support

“Right now we have two to three people dying on our floors. This is going to be 30-, 40- year olds and children dying. How are we going to cope with that grief?”  
(*Caring for Nurses*, p 9)

A severe pandemic may result in many deaths, possibly in populations who are normally healthy. A pandemic of more moderate severity could result in high numbers of seriously ill patients. In either case, a

disproportionate number of front-line workers, especially health care providers, will likely be affected.

Although in general people will find their own ways to mark the loss of family and friends, some may need specific psychosocial support to manage and safely express their grief. When worker-care teams are monitoring the health and well-being of colleagues, the following could be considered risk factors:

- having to care for coworkers infected on the job;
- death of a colleague;
- witnessing the death of large numbers people;
- witnessing the death of younger people or children; and
- prolonged illness or death in their family.

“Emotional support is needed among coworkers in dealing with the death of a colleague and caring for them in emergency. [During SARS] we were afar and we were affected by the nurses in Toronto. I can’t imagine what it would have been like for it to have been a colleague.”  
(*Caring for Nurses*, p 9)

### B6. Specific Supports for Response Workers

During an influenza pandemic, organizations should consider implementing workforce resilience programs that meet the needs of workers. Throughout the response, policies on personnel health and safety should be reviewed and revised, as needed. Specialized workforce resilience programs could provide the following services:

#### *Pre-response/assignment*

- training on behavioural health, resilience, stress management and coping skills
- training and supervision for workers going into unfamiliar environments and/or taking on new roles
- briefings to inform workers about the situation they are entering<sup>23</sup>

#### *During response/assignment*

- To support responders in the field:
  - sending out several persons as a team and/or assignment of “buddies” to maintain frequent contact and provide mutual help in coping with stresses
  - frequently monitor occupational safety, health, and psychological well-being of deployed staff
  - access to activities that help reduce stress (e.g. rest, hot showers, nutritious snacks, light exercise)
  - debriefing or counseling, as requested
- For central operations personnel:
  - stress control or resilience teams to monitor employee safety, health and psychological well-being
  - rest and recuperation sites (encourage their use)
  - debriefing or counseling, as requested

<sup>23</sup>In situations where people have been unprepared for the massive casualties they were about to face, higher rates of adverse mental health outcomes like depression and posttraumatic stress disorder have been reported (Northwest Centre for Public Health Practice).

- For families of responders:
  - instrumental support (e.g. assistance obtaining food and medicine) and psychosocial support (e.g., family support groups, bereavement counseling, and courses on resilience, coping skills and stress management)
  - a suggestion box for input via e-mail or anonymous voice-mail with a toll-free number
  - outreach to address ongoing psychological and social issues

*Post-response/assignment*

- debriefing opportunities
- interviews with responders and family members (including children) to assess lessons learned that might be applied to future emergency response efforts
- ongoing access to post-emergency psychosocial support services for responders and their families (on-site or through partner organizations)
- ongoing evaluation of the after-effects of the pandemic on employees' health, morale and productivity

**B7. Specific Supports for Quarantined Workers**

Quarantine restrictions for workers can create significant disruptions in the lives of workers and their families. Supports for these workers can assist with quarantine compliance and reduce the resulting stress and isolation for workers. Supports may include:

- Provision of specific instructions regarding quarantine restrictions and length of quarantine.
- Delivery of food
- Delivery of medications
- Delivery of masks or other personal protective equipment
- Assistance with access to transportation (e.g. if there is a quarantine order to not take public transit, an alternative might include carpools, free parking, etc.)
- On-going communication and connections to work-based information updates to keep workers 'in the loop'

"One person [during SARS] was quarantined and had no groceries, no one to walk to the dog."  
(*Caring for Nurses*, p 15)

"I was on quarantine [and told] under no circumstance should I come in. Someone would contact me from Public Health. Didn't happen. Said they would send food. Didn't happen."  
(*Caring for Nurses*, p 16)

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## SOURCE DOCUMENTS

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*See Appendix X for additional resources*





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## APPENDIX I

### WHY IS WORKFORCE RESILIENCY IMPORTANT DURING A PANDEMIC?

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**Q. What is the #1 resource in a pandemic response?**

A. Your employees! Without employees, there is no pandemic response.

**Q. How many of my staff will come to work during a pandemic?**

A. Self-report surveys undertaken in the United States indicate that between 16 – 50 per cent of health services employees would not report for work during a pandemic, even if they are not sick.<sup>24</sup> When the impact of care giving needs, employer-imposed quarantine, “burnout” and employee illness are taken into account, the estimated number of absent health services workers rises dramatically.

**Q. Why would so many people not report for work?**

A. Potential barriers to reporting to work during a pandemic include:

- low confidence and trust in their employers ability and intention to protect and support them (and by extension their family);
- a lack of information about the threat and what is expected of them during the response;
- low confidence in their own ability to fulfill their roles;
- little understanding of their importance in the overall pandemic plan; and
- low concern about the pandemic in general.

In addition, workers may have to deal with caregiver responsibilities, family pressures, the death or illness of loved ones and co-workers, exhaustion, burnout, traumatic stress, grief, bereavement, transportation barriers, stigmatization, as well as their own illness.

**Q. What would make people more likely to come to work?**

A. The research shows that:<sup>25</sup>

- Public health workers who were both **“concerned”** about the threat and **“confident”** that they could fulfill their response roles were 31 times more likely to report to work in an emergency than those who perceived the threat low and had low levels of confidence.
- Employees who *believe that their roles would have a meaningful impact* on the overall pandemic response were more willing to report to work.
- The most important factor (83%) for those that responded they ‘might’ come to work during a pandemic was *how confident they were that the employer could protect them*.
- Less important, but still a factor (52%) for respondents who ‘might’ come to work during a pandemic, was the provision of significant financial incentives.

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<sup>24</sup>Data reported is from the following articles: Balicer, Ran, et al. Local public health workers’ perceptions toward responding to an influenza pandemic, *BMC Public Health*, April 2006, 6:99; Barnett, Daniel, et al. Assessment of Local Public Health Workers’ Willingness to Respond to Pandemic Influenza through Application of the Extended Parallel Process Model, *PLoS ONE*, July 2009, 4 (7); and Irvin, Charlene, et al. Survey of Hospital Healthcare Personnel Response during a Potential Avian Influenza Pandemic: Will They Come to Work? *Prehospital and Disaster Medicine*. 23 (4) August 2008.

<sup>25</sup>Balicer et al., 2006.

- Clinical staff were more likely to say they would report to work than technical and support staff (including receptionists, computer specialists, and data analysts) and nurses were less likely to say they would report to work than doctors.
- Some studies have found that women were less likely to report to work during a pandemic; however others have found no correlation between gender and willingness to report to work.

**Q. How do I address the barriers posed by a pandemic and increase employee confidence in the organization and their own ability to respond effectively to a pandemic?**

A. By integrating workforce resiliency planning into your organization’s overall pandemic response plan and by making employees a meaningful part of the planning process.

**Q. What is workforce resiliency?**

A. The ability of the employees of an organization or system to continue to fulfill essential functions when acted upon by a stressor. Workforce resiliency is heavily dependent on personal resiliency which is the ability of individuals to quickly adapt to and cope with adverse circumstances in a healthy manner; the ability to ‘bounce back’ under pressure and to recover quickly from disruptive change without being overwhelmed or acting in dysfunctional or harmful ways.

**Q. What does a workforce resiliency plan involve?**

A. Workforce resiliency plans can include:

Increasing employee confidence in their ability to respond to a pandemic in a meaningful way through:

- strong leadership,
- participatory planning,
- on-going and two-way communication,
- education, and
- training and support for new roles.

Increasing employee confidence in an employers ability to protect them and their family and ensuring that employee concerns are taken seriously through:

- effective infection control measures,
- support for staff experiencing increased work-loads,
- training and education on psychosocial issues and needs,
- establishment of worker-care teams,
- support for family members,
- access to grief and bereavement supports,
- and specialized supports for deployed, reassigned and quarantined workers.

**Q. How do I find out more?**

A. See Manitoba Health and Healthy Living’s *Building Workforce Resiliency within Workplaces: A Framework for Health Service Provider Systems Responding to Pandemic Influenza in Manitoba* for detailed information on creating a workforce resiliency plan.<sup>26</sup>

<sup>26</sup>Also see the Public Health Agency of Canada’s *Canadian Pandemic Influenza Plan for the Health Sector, Annex P – Pandemic Influenza Psychosocial Annex* for information on broad psychosocial planning.

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## APPENDIX II PSYCHOSOCIAL ISSUES FOR HEALTH CARE AND OTHER ESSENTIAL SERVICE PROVIDERS

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During most disaster response efforts, there is a geographic boundary that separates the disaster area from unaffected regions. However, during a severe pandemic there will be no completely safe areas for health care workers—or for their families.

Providing psychosocial support to health care and other essential service workers will be particularly important for those at increased risk of infection or exposure, those who are acutely ill and/or those who experience the death of patients or loved ones as a result of pandemic influenza. Some of the specific issues to consider are:

- Extreme occupational stress due to:
  - Surge in demand for service;
  - Working with large numbers of ill/agitated persons and their families;
  - Wearing hot and uncomfortable personal protective equipment;
  - Concerns for personal safety (e.g. receiving vaccines and/or antivirals); and
  - Stigma and social isolation.
- Burnout/compassion fatigue associated with performing multiple care-giving roles (e.g. caring for dependent children/aging parents in addition to caring for clients);
- Conflict between personal and professional care-giving roles;
- Illness and death among colleagues and family members;
- Fear of becoming infected or transmitting disease to others;
- Emotional responses such as shock, numbness, confusion, disbelief, extreme sadness, grief, anger, guilt, exhaustion, and/or frustration;

- Sense of ineffectiveness and powerlessness;
- Difficulties maintaining self-care activities (e.g. getting sufficient rest, connecting with family);
- Prolonged separation from family;
- Concerns about children and other family members;
- Constant stress and pressure to perform; and
- Exhaustion after pandemic subsides.

Contributing factors include:

- Lack of reliable/consistent information;
- Perceived lack of effective leadership;
- Loss of faith in employers/institutions or governments;
- Death of immediate supervisors, colleagues, leaders in the response efforts;
- Death or illness of family members;
- Mass illness and deaths among children;
- Economic collapse or acute shortages of food, water, electricity, or other essential services and supplies;
- Restrictions on civil liberties such as the right to refuse work;
- Infection control measures (including personal protective equipment) that limit personal contact, hinder communication, interfere with normal personal/professional support systems; and
- Rumours and misconceptions.

*From the Canadian Pandemic Influenza Plan for the Health Sector, Annex P, Pandemic Influenza Psychosocial Annex, March 2009.*

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## **APPENDIX III PSYCHOSOCIAL ISSUES FOR FAMILIES OF HEALTH CARE AND OTHER ESSENTIAL SERVICE PROVIDERS**

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The families of health care workers and responders will face many challenges in addition to the fears and disruptions that everyone will face during a pandemic.

For example:

- Responders might be frustrated, tired, worried, irritable, argumentative, restless, emotional or distressed.
- Responders might be impatient and less understanding, energetic, optimistic, good natured or helpful than usual.
- Increased emergency work loads (which might be exacerbated by staffing shortages) can make it difficult for responders to communicate regularly with family members.
- Family members might experience stigmatization or discrimination.

*From The US Department of Health and Human Services Pandemic Influenza Plan Supplement 11 Workforce Support: Psychosocial Considerations and Information Needs, November 21, 2008, <http://www.hhs.gov/pandemicflu/plan/sup11.html>*

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## **APPENDIX IV KEY MESSAGES FOR EMPLOYERS TO PROVIDE TO STAFF**

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During a Pandemic, it is critical to communicate effectively with employees and account for both their well-being and their whereabouts. There may be a number of communication challenges as a result of wide spread extended absenteeism, workforce fatigue and challenges managing work and life roles and stresses.

In the development of your communication plans, consider the following key messages which are relevant to the psychosocial needs of the health care workforce:

- “It is important to take care of ourselves during a pandemic. Over-work that leads to exhaustion simply compounds the crisis. What people need at this time are not heroes but mentors who model healthy work/life balance. Be a mentor!”
- “Our priority is staff well-being. We can only meet the needs of our community if our health care staff are healthy and resilient. Putting healthcare workers first ensures workforce continuity and wellness.”
- “We want to hear from you. No question or concern is unimportant. We need positive reciprocal working relationships between health care staff and leaders to promote employee morale, resilience and retention.”
- “As health care workers we are not immune to the emotional responses related to a pandemic such as fear, stress and anxiety. These feelings are normal. Pay attention to them, talk about it and reach out to others.”
- “Reaching out to workforce psychological supports is not a sign of weakness but a sign of strength and resilience. Contact the <e.g. staff Hotline> for information and support.”

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## APPENDIX V

# COPING WITH THE IMPACT OF A PANDEMIC FOR HEALTH CARE WORKERS AND THEIR FAMILIES

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Experience in disaster management has shown that health, emergency, and public safety workers may be exposed to significantly high levels of stress as a result of their roles in responding to a pandemic. This strain is not just on individual workers, but also on their families and the organizations in which they work. When these pressures continue over a period of time, the result can be a reduction in the ability of workers to perform their assigned duties, problems in the family and, in some cases, long-term harm.

### Goals:

- To help prepare individuals and their families to deal with the impact of a pandemic;
- To help essential service provider systems manage stress resulting from responding to a pandemic; and
- To help families of essential services workers to cope with the impact of a pandemic.

### Key Messages for Responders:

- Be prepared! Just as all of us would not consider responding to a disaster without our equipment and tools, we also should be personally prepared to deal with the impact of a pandemic.
- As health care and emergency service workers we are not immune to the emotional responses related to a pandemic such as fear, stress and anxiety. These feelings are normal. Pay attention to them and talk about it and reach out to others.
- It is important to take care of ourselves during a pandemic. Over-work that leads to exhaustion simply compounds the crisis.

- For us to remain healthy we need to keep our families healthy too. Isolation, fear of infecting our family members, child care issues, and communication are just some of the issues that will need to be planned for before we are sent out to work.

**Remember: Responding to a pandemic is a marathon, NOT a sprint. Be prepared. Pace yourself. Take care of your family, your co-workers and yourself!**

### Pre-Pandemic Period Considerations

Responding to a pandemic has implications for health care and emergency service workers, and their families. Both workers and their families should be prepared. One of the lessons learned from 9/11 is that families of emergency services responders who had an effective plan to deal with an extended response generally managed better than those who did not.

The goal of this section is to help frontline workers and their families to develop a plan. This way, families will know what to do in the event that their loved one is absent for an extended period of time during a pandemic, and workers will have peace of mind that their families will be okay, allowing them to respond more effectively.

### Self Readiness

Before the pandemic it is important that the worker is “ready” for the impact. This readiness is not only in relation to their personal protective equipment, but that it also takes into consideration the potential for a long-term response.

**Physical Health** – Resiliency to stress is partially determined by physical health. In order for people to be effective in their jobs they must have a high level of fitness.

**Training** – What information and training do workers need to know about a pandemic response? Whether it is their personal protective equipment or response protocols, it is important to know what will be required of them and how to be ready. Also, stress management will be important. Learn about critical incident stress. Learn stress reduction strategies such as relaxation, deep breathing, use of humour and other strategies workers have used in the past to cope with the impact of their jobs.

**Keep Things in Perspective** – Remember that pandemics usually come in waves of intense and difficult work, followed by a lull before the next wave. The times in between the waves should be used to “recharge” and get back to usual routines.

#### **Family Readiness**

During a disaster, many families work together as a complete unit. However, in a pandemic the families of health care and emergency service workers must operate without their loved ones and have the added worry of their loved ones’ safety. Because of this situation, a specialized Response Preparedness Plan, including an emergency communications plan, is advised in order to help families of workers prepare for and cope with the challenges they may face while their loved ones are away.

#### **Steps involved in Developing a Response Preparedness Plan:**

1. **Obtain information:** Get information about pandemics and how your family might be affected.
2. **Hold a family meeting:** Explain the purpose and steps involved in creating a Response Preparedness Plan based on various types of scenarios, family members’ roles and how the family may be affected.
3. **Develop the plan:** Involve the entire family (including children) in creating the plan. Make sure everyone (including identified helpers) has a copy of the plan, and knows what to do, where to go and whom to call or contact. Keep copies in easy-to-find places. Keep one copy of the plan with you. Provide additional copies to alternative caregivers and anyone else who might need one.
4. **Practice the plan:** Practice the plan several times to make sure everyone involved understands how to use it.
5. **Modify and update the plan:** Review, modify and update your plan periodically, especially if family situations change.

#### **Considerations when Developing a Response Preparedness Plan:**

When developing the Response Preparedness Plan with your family, potential issues to address may include: <sup>27</sup>

- Who will provide childcare if the primary caregivers are sick or quarantined?
- Who will pick up groceries if needed?
- Who will provide elder care or care for disabled family members if needed?
- Who will provide pet care if needed?
- If the primary caregivers cannot pick up children from daycare or school, what alternative arrangements have been made? What type of authorization does the school or daycare require to release children to a designated person?

<sup>27</sup>See <http://www.getprepared.ca/knw/plan/emergencyplan.aspx> for an on-line emergency plan tool.



- If family members are sick (including those living outside the home) how will they be cared for (care, groceries, medical supplies, etc)?
- How does the school or daycare contact families in case of illness or emergency? Do they have current contact information?
- Are alternative caregivers aware of any special medical, food, and other needs? Are these needs written down in your family plan?
- If the plans can't be used due to illness, what is the back-up plan?

### **Tips for Developing a Response Preparedness Plan:**

Make sure the plan:

- Is simple and easy to follow;
- Is flexible and allows for change;
- Is comprehensive and covers both short- and long-term scenarios;
- Accounts for the absence of both parents (as applicable);
- Supports practical matters such as bill and mortgage payments, legal matters, medical care, emergency access to cash, etc.;
- Identifies how/where family members will get information about an incident and the worker's status;
- Allows for the continuation of normal routines as much as possible, especially for children;
- Includes activities for children, as this allows them to have a sense of security and control; and
- Contains an updated contact list of helpers, including names, contact information and identified responsibilities.

### **Preparing a Quarantine Kit**

In case you are required to quarantine yourself, plan to store approximately two weeks worth of the following items:

- Non-perishable food (canned and dry goods; root vegetables such as potatoes and squash kept in a cool dark place)
- Frozen foods (vegetables, meats or prepared meals)<sup>28</sup>
- Bottled Water (1 – 3 litres/day/person)
- Toiletries and other household necessities (toilet paper, soap, hand sanitizer, dish soap, garbage bags, etc)
- Prescription and non-prescription drugs and other health supplies (e.g. vitamins, cough and cold medicine, etc)
- If applicable:
  - Baby Supplies
  - Special items for elderly or disabled family members
  - Pet food

Also plan to have the following accessible:

- Phone numbers of grocery delivery services (if available in your area)
- Phone numbers of pharmacy medication delivery services (if available in your area)

### **Preparing an Emergency Kit**

In case access to services is changed and public utility services are interrupted, in addition to the above, consider gathering:

- first aid kit
- flashlights, batteries
- candles/lanterns, matches
- extra clothing
- cash

<sup>28</sup>For quarantine only, not applicable in an emergency involving a power outage.

- battery operated radio, batteries
- manual can opener
- fire extinguisher
- warm blankets
- important papers and contact numbers

### Preparing a Home Flu Kit

Make sure you have the following items in your home:

- thermometer
- facial tissues
- soap and water
- ibuprophen (eg. Advil®) or acetaminophen (eg. Tylenol® or Tempra®) – **do not give ASA (eg. Aspirin®) to children and teens**

### Infection Prevention

Be sure to teach your children and other family members how to limit the spread of germs and prevent infection. The best way to teach is to model the behaviour yourself:

- Wash your hands often with soap and water, especially after coughing or sneezing. Rub hands together to create lather and thoroughly cover all the surfaces of your hands and fingers (including nails) for 10 to 15 seconds (children, or adults, can sing the ABC's). When soap and water are unavailable hand sanitizers may be an effective alternative if hands are not visibly soiled.

- Cover your cough or sneeze by coughing or sneezing into your elbow or sleeve, or use a tissue to cover your nose and mouth when coughing or sneezing.
- If you cover your cough or sneeze with a tissue, place the tissue in the garbage and wash or sanitize your hands.
- Limit touching your eyes, nose or mouth.
- Don't share personal items such as drinks, lip balm, etc.
- Maintain your health by taking care of yourself and those in your care including eating a healthy balanced diet, avoiding cigarette smoke and other harmful substances, being active and getting enough rest and sleep.

If you have symptoms of a respiratory infection, you should:

- Stay home from school or work and limit unnecessary contact with others.
- Contact your health-care provider or visit your nearest health-care centre if you are concerned that you may need care – especially if your symptoms are severe or worsening (e.g. shortness of breath, dehydration, or worsening fever, cough or weakness).

Keep children home from school and other public places if they are sick.

## Family Health Information Worksheet

### Family Medical Information

Family Member	Allergies	Medications and Doses	Conditions (past or present)	Blood Type	Manitoba Health Number

### Emergency Contact Numbers

Workplace \_\_\_\_\_ Ambulance/ Fire/Police 911  
 Doctor \_\_\_\_\_ Police – local \_\_\_\_\_  
 Pharmacy \_\_\_\_\_ Poison Control 911 or (204) 787-2591  
 Family Member \_\_\_\_\_ MB Hydro 1-204-480-5900  
 Neighbour \_\_\_\_\_ MTS – phone 1-888-624-9376  
 Friend \_\_\_\_\_ Health Links- 611 (phone repair)  
 Info Santé (204) 883-2054  
 1-888-315-9257  
 School \_\_\_\_\_ Other \_\_\_\_\_  
 Vet \_\_\_\_\_ Other \_\_\_\_\_  
 Other \_\_\_\_\_ Other \_\_\_\_\_  
 Other \_\_\_\_\_ Other \_\_\_\_\_

Bank account numbers \_\_\_\_\_

Insurance policy numbers \_\_\_\_\_

Home security system info \_\_\_\_\_

Vehicle registration and license plate \_\_\_\_\_

## Pandemic Period Considerations

In the midst of a pandemic, it is important to know that:

- all of us will be affected in some way;
- health care and emergency service workers are strong and resilient, and most recover from the impact of these events within a short period of time; and
- we have knowledge and experience that can help our co-workers and families cope with the stresses triggered by catastrophic events.

Our reactions to a pandemic can:

**Affect us physically:** We may have headaches, back pain, stomach aches, diarrhea, problems with sleeping, tightness in the neck and shoulders, low energy or general tiredness, loss of appetite or a tendency to eat more “comfort foods” or use more alcohol, drugs and tobacco.

**Affect us emotionally:** We may feel sad, angry, guilty, helpless, numb, confused, discouraged, worried and anxious about the future, and afraid that our families will be affected. Some of us may also distance ourselves as a way of protecting ourselves or our families. Feelings can come and go like the tides, building up then fading away, only to come back and fade away again. They can also come out of the blue when we least expect it.

**Affect our thinking:** It may be hard to concentrate, to stop thinking about what we have experienced, and to remember day-to-day things. Memories of other sad or difficult events from the past may surface. Thoughts, like feelings, can also come out of the blue, while reading, talking, having a meeting, driving, etc.

**Affect us spiritually:** Each of us has our own spiritual beliefs and we may question them in these situations. We may struggle with questions like, “Why did God allow this

happen?” “Why did God do this to us when we are trying to help others?”

**Affect our sense of safety:** We may find it hard to leave home or loved ones; we may tend to overprotect our children; or we worry that they will become infected.

### ***These are normal reactions of normal people to an abnormal event!***

Most of us have had some of these reactions. Some of us may feel them more strongly or more often than others but it is reassuring to know that these are common reactions when people experience a very stressful event. In other words, you are not alone.

### **Taking Care of Ourselves**

A pandemic will cause a significant amount of stress in our lives. In most cases, our life experience has given us the strengths and skills we need to gradually work through our feelings and reactions. Friends and family can help. Here are some healthy ways of looking after both ourselves and one another:

- Take breaks from the media reports and from thinking and talking about the events;
- Take time to relax and exercise. This will help decrease stress and tension and help you be more alert, sleep and eat better, and get back on track;
- Talk with friends, relatives, co-workers, teachers or leaders of your faith community. Talk about your thoughts, feelings and reactions. Comfort one another. Talking with others can make you feel less alone and help you sort out reactions to the events;
- Remember to talk about the normal issues and pleasures of your life as well – don’t let the pandemic take over every conversation;
- Some may be quite affected by these events, others less. Patience and understanding with one another are two of the best ways to help;

- Be careful about making major decisions if you are very upset;
- Get back to your daily routine. Do things you enjoy to help restore a sense of safety and control;
- Watch what you eat. Eat healthy foods;
- Be physically active, doing something you enjoy;
- Don't use alcohol to numb your feelings. This can set up an unhealthy pattern and can lead to more serious problems down the road; and
- Get a good night's sleep.

### **Stress Reduction Techniques**

There are practical and effective methods of reducing stress to a level where you can perform most effectively. The techniques that you select depend on the cause of the stress and the situation in which the stress occurs, as well as individual comfort level.

### ***Attitude and Its Effect on Your Stress***

"I'm not tense; just terribly, terribly alert."

Attitude is fundamental to long-term stress management. When your attitude is negative or hostile, you create problems out of opportunities and cause stress by alienating and irritating other people. When you have a positive attitude, you can maintain a sense of perspective and draw the positive elements out of each situation. You will find people to be more helpful and co-operative when you are more positive.

### ***Physical Relaxation Techniques***

These are useful where stress is caused by physical processes in your body; perhaps where muscles are tense, or where you are experiencing the effects of adrenaline. There are many physical relaxation techniques (e.g., massage, yoga, reiki, Tai Chi, etc.) that may be used. Find what works for you.

The following are two examples of easy-to-use relaxation techniques that can be used anywhere at anytime:

### ***Breathing Control***

Deep breathing is a very effective method of relaxation. It is a core component of everything from the "take ten deep breaths" approach, through to yoga relaxation and meditation. It works well in conjunction with other relaxation techniques such as Progressive Muscular Relaxation and relaxation imagery to reduce stress.

Experiment with breathing control:

- a) focus on your breath – the simple act of focusing on your breathing generally slows and deepens the breath and results in a more relaxed state
- b) try deep breathing
  - sit or stand so that your back is straight but not tense
  - exhale
  - inhale through your nose and at the same time relax your stomach muscles
  - notice your stomach expanding, as if it is a balloon filling with air
  - after the stomach is full of air, keep inhaling into your chest and rib cage (avoid raising your shoulders)
  - hold for a moment
  - exhale through your mouth as slowly as possible
  - repeat for a specific number of minutes or breaths

### ***Progressive Muscular Relaxation***

Progressive Muscular Relaxation (PMR) is a purely physical technique for relaxing your body when muscles are tense. You can apply PMR to any or all of the muscle groups in your body depending on whether you want to relax just a single area or your whole body.

The idea behind PMR is that you tense up a group of muscles so that they are as tightly contracted as possible. Hold them in a state of extreme tension for a few seconds and then relax the muscles to their previous state. Finally, you consciously relax them again as much as you can.

Experiment with PMR:

- form a fist;
- clench your hand as tight as you can for a few seconds;
- relax your hand to its previous tension;
- then consciously relax your hand again so that it is as loose as possible;
- you should feel deep relaxation in the muscles;
- repeat the process with other parts of your body.

Although you might be able to relax muscles without the initial tension, tensing the muscle helps to provide a starting point for the exercise. It helps in gauging the initial level of tension in the muscle.

For maximum relaxation you can use PMR in conjunction with breathing techniques and imagery (e.g. of stress flowing out of the body).

It can also be effective to link the exercise of PMR to a keyword that you can say to yourself (e.g. relax, calm, or anything that feels comfortable for you). Associating the feeling of relaxation with the keyword means that in a moment of tension you can bring the feeling of relaxation just by repeating that word.

### ***Online Resources for Stress Management***

There are many online resources for stress management and coping. The following are a few suggestions:

<http://www.mindtools.com/smpage.html>

<http://www.mayoclinic.com/health/stress-management/MY00435>

[http://www.helpguide.org/mental/stress\\_relief\\_meditation\\_yoga\\_relaxation.htm](http://www.helpguide.org/mental/stress_relief_meditation_yoga_relaxation.htm)

[http://stress.about.com/od/tension\\_tamers/Tension\\_Tamers\\_How\\_To\\_Feel\\_Better\\_Right\\_Now.htm](http://stress.about.com/od/tension_tamers/Tension_Tamers_How_To_Feel_Better_Right_Now.htm)

<http://ezinearticles.com/?Stress-Management-through-Yoga&id=635930>

<http://www.mindtools.com/stress/RelaxationTechniques/PhysicalTechniques.htm>

## **Post-Pandemic Period Considerations**

After the pandemic is over, or at least in between the waves, health care and emergency service workers and their families need to return to their normal lives and “recharge” themselves.

### ***Strategies for Families in Helping Responders***

Families can play an important role in helping the health care and emergency service workers recover from the pandemic response because they provide a sense of normality, caring and support. When a health care or emergency service worker first returns home:

- Follow the worker’s lead;
- Be flexible; adjust the family’s schedule to the worker’s needs;
- Be available to talk, but don’t pressure the worker to open up;
- Give the worker some alone time to sleep, relax and reflect;
- Find time to enjoy the worker’s company and be together as a family;
- Allow some time for the worker to process the event with peers;
- Be sensitive to sudden changes in the responder’s feelings or reactions;
- “Take charge” if necessary, to give the worker a break from responsibilities;
- Encourage positive coping strategies; and
- Guide the responder to seek professional help, if needed.

To cope with and recover from an event, family members may need help from workers following the pandemic. But before workers can help their families, they must first process the event and make sure they are okay themselves.

When ready, workers can play a crucial role in helping family members cope with and recover from the pandemic. To best assist, workers must first have open communication with their families in order to understand the families' needs.

### ***Strategies for Responders in Helping Families***

- Take time to process the event before helping family members;
- Communicate with family members about what happened and let them express their own experiences, feelings and reactions;
- Spend time together as a family;
- Work with adult family members to address any concerns of children;
- Encourage positive coping strategies;
- Listen to family members about how the incident affected them; and
- Guide family members to seek professional help, if needed.

### ***Coping with Changes***

While all family members and workers can be affected by the pandemic, those effects may differ from person to person, even in the same family. Pandemics can affect people in many ways. For some, the impact of an event may cause changes to occur in their lives, at some level. Depending on the event, some people may experience little or no change, while others may experience significant change.

Major changes to a person's lifestyle can be difficult to cope with, particularly when the changes have a negative impact on their life. Anytime a major change occurs in a person's life, it is important to cope positively with those changes. Keeping a positive attitude and using good coping skills have both short and long-term benefits.

### ***When to Seek Help***

The information offered in this Appendix is a reference point to help you to understand some of the stress reactions you, family members, or co-workers may experience. If, at any time, you feel overwhelmed and unable to cope it is important to seek out additional assistance. Here are some circumstances which indicate that it is time to get help by speaking to a health professional such as a your EAP program, family doctor, social worker or nurse:

- Can't return to a normal routine;
- Feeling extremely helpless;
- Having thoughts of hurting self or others; and/or
- Using alcohol and drugs excessively.

### ***List of Resources in your Community for Help:***

*(RHAs, NGOs, etc. to include their own appropriate resources.)*

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#### ***Sources:***

Guide for Maximizing Stress Resilience. British Columbia Disaster Worker Care Committee  
Our Challenges Our Responses, Northern Virginia Family Service  
Responding to Stressful Events, Public Health Agency of Canada  
US Department of Health and Human Services Pandemic Influenza Plan Supplement 11 Workforce Support: Psychosocial Considerations and Information Needs, November 21, 2008

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## APPENDIX VI PRE-PANDEMIC PERIOD CHECKLIST

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### **Include psychosocial issues in planning:**

- integrate psychosocial planning into all aspects of the broader organizational pandemic response plan, including evaluation
- develop specific workplace resiliency plans
- identify and address gaps in current psychosocial response capacity and planning
- coordinate planning with provincial, regional, and local partners
- plan for a long response (i.e. more than one year)
- ensure there is an effective leadership, management and team structure specific to a pandemic response in place
- engage staff in the planning process
- plan for how the needs of cultural, language minority, vulnerable and other groups might be met
- educate staff regarding the organization's response plan, including each worker's role in that plan
- identify specific triggers for implementation of psychosocial programs
- develop workforce resiliency programs for those maintaining regular duties
- develop workforce resiliency plans for those deployed into the field
- develop workforce resiliency plans for personnel in centralized operations who support field workers
- develop workforce resiliency plans for workers who are quarantined
- designate the responsibility of leading 'worker care' to one person who will form a team
- engage in on-going training in risk communication
- provide on-going training in infection control and emergency preparedness
- provide regular fit-testing of infection-control equipment as necessary
- develop leadership reserves that can address loss of key leaders to illness, secondary impacts or death
- develop a surge capacity plan to:
  - address human resource shortages
  - identify employee skill sets for ease of re-prioritizing services and to re-assigning staff as needed
  - create a database of skilled potential workers (e.g. retirees, students)
  - plan for adequate training of re-assigned and emergency workers
  - be aware of factors addressing willingness and ability to work (e.g. lack of benefits such as sick time, inconsistent remuneration, concern regarding potential infection of family)



### **Identify and access existing resources**

- find out what employee assistance programs can offer workers and their families
- work with community-based organizations to determine the types of psychological and social support services and training courses they can provide
- establish links with private mental health resources such as Red Cross and other national voluntary organizations active in disasters
- develop a plan to manage offers of assistance and invited/uninvited volunteers (this may include the development of “just-in-time” training which can be coordinated at a moment’s notice)
- create a database of potential volunteers and their skills

### **Provide training in disaster response strategies**

- train workers in the emotional and behavioural consequences of public health risks
- train behavioral health staff in hospitals, clinics, and related agencies in techniques to help people cope with grief, stress, exhaustion, anger, and fear during an emergency
- train non-behavioural health professionals (e.g. primary-care clinicians, safety and security personnel, community leaders, Elders, Medicine Persons, Traditional Healers and staff of cultural and faith-based organizations) in basic psychological support services (e.g. Psychological First Aid)
- establish links to appropriate service providers for the purpose of assisting in screening for longer-term psychosocial impacts, when necessary

### **Develop resources and materials**

- identify or develop briefing materials for workers assigned to pandemic response
- prepare educational materials for workers on the following topics:
  - emotional responses they might experience or observe in others and techniques for coping with these emotions
  - the importance of developing “family communication plans”
  - workforce support services that will be available
  - infection control practices
  - answers to potential questions regarding employment issues related to illness, sick pay, staff rotation, and family concerns
  - the impact of stigmatization and isolation of front-line workers and how to cope

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## **APPENDIX VII PANDEMIC ALERT PERIOD CHECKLIST**

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### **Communications**

- provide clear, honest and regular updates and follow-up to staff on the current status of an emerging or evolving pandemic

Examples include:

- written notices
  - 'brown bag' lunch sessions and e-mails to provide the opportunity to ask questions, provide suggestions and be part of the process
  - a staff Hotline number
- provide specific information and education regarding the organization's pandemic response plan:
    - clarification of roles and responsibilities
    - scheduling of training and mock drills/scenarios
    - plan for reassignment of eligible staff
    - plan to update procedures annually
    - clarification of rights (right to refuse work, certain duties, etc.)
    - compliance policies for all staff
    - include information on worker-care supports in various staff communication

### **Worker Care**

- Activate Worker-Care Teams
  - monitor employee health and well-being, recognize fatigue
  - distribute information appropriate for each phase of a pandemic
  - provide peer support and/or activate 'buddy systems'
  - identify and prepare rest and recuperation sites for responders
  - work with employee assistance programs and other community partners to create/implement specialized support opportunities for employees

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## **APPENDIX VIII PANDEMIC PERIOD CHECKLIST**

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### **Communications**

- provide messages that reduce the psychological impact of the pandemic
- provide current information regarding sick pay, overtime pay, staff rotation, shift coverage, use of benefit time, transportation, etc.
- use one designated source of information for current procedures and infection control guidelines
- communicate regarding specific healthcare issues related to the pandemic, including:
  - availability of vaccines, antiviral drugs, and personal protective equipment (PPE);
  - actions to address depletion of PPE and medical supplies;
  - approaches to ensure patients' adherence to medical and public health measures without causing undue anxiety or alarm;
  - management of agitated or desperate persons;
  - guidance on distinguishing between psychiatric disorders and common reactions to stress and trauma;
  - management of those who fear they may be infected, but are not, possibly by implementing triage and education strategies;
  - rationale for and potential benefits and risks of all interventions including pharmaceutical, medical and psychosocial interventions
  - quarantine plans
  - access to expert advice and answers to questions about disease control measures and self care
- mitigate contradictory messages coming from various sources
- provide information on stigmatization or discrimination due to workers' role in the pandemic influenza response

### **Work Arrangements and Roles**

- provide adequate support for new and unfamiliar roles when prioritizing services and re-assigning staff (e.g. written instructions, cross training)
- allow for flexible work arrangements as needed (from home, flexible hours) to address family (child, elder) care issues
- create manageable work shifts, including breaks, allowing workers to address family needs
- provide adequate recovery periods
- encourage safe work practices (high standards of protection and infection control)
- rotate and transition workers gradually from high to medium to low stress area
- provide shift 'exit interviews' to address lingering concerns when requested

### **Worker Needs**

- provide assistance in meeting basic worker needs such as food, shelter, and clothing (e.g. stock rest and recuperation sites for responders)
- provide assistance for commuters such as carpooling, employer-provided private transportation, or alternate work schedules during off-peak hours (to avoid unprotected exposure to large groups of potentially infected persons)
- provide support for laundering contaminated uniforms
- continue with Worker-Care Team tasks (above) PLUS:
  - maintain and possibly staff rest and recuperation sites
    - provide access to quiet, safe, relaxing spaces
    - provide healthy food, music, educational materials
    - debriefing opportunities and access to support should they seek it
    - time away from work demands
    - telephone and computer access to connect with loved ones
    - back-up clothing (for those wearing infection control masks etc.)
  - stress management
  - support to families
  - coordination of activities such as relaxation meditations, mindfulness training, physical exercise breaks, etc.
  - encouragement of worker self-monitoring and awareness
  - links to further psychosocial and counseling support
  - bereavement and grief support
  - provide spiritual care (or links to spiritual care)
- implement workplace resiliency programs for those maintaining regular duties
- implement workforce resiliency plans for those deployed into the field
- implement workforce resiliency plans for personnel in centralized operations who support field workers
- implement workforce resiliency plans for workers who are quarantined

### **Worker Psychosocial Support**

- provide access to basic psychological support
- provide outreach
- disseminate information
- encourage self-care
- provide triage and treatment when needed
- guidance and support for persons exposed to large numbers of influenza cases and deaths and to persons with unusual or disturbing disease symptoms


### Family Support

- provide templates to employees on how to create a family communications plan; encourage their use
- establish and communicate a process for clear communication and updates for loved ones
- provide a variety of ways for workers to connect with their family members (email, cell phone, phone, etc)
- provide physical supports to families (e.g. child and elder care, food, transportation, medication, equipment)
- provide emotional and informational supports (updates on outbreak status, telephone support lines, factual information on risks, etc.)

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## **APPENDIX IX POST PANDEMIC/RECOVERY PERIOD CHECKLIST**

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### **Worker Support**

- provide continued outreach, triage, and services.
- monitor workforce for signs of chronic or severe psychological distress
- provide assistance in reintegration for workers who were deployed or isolated from work and family
- provide bereavement and grief support
- if between waves, pay extra attention to psychosocial support needs in order to help workers build energy for the next wave

### **Evaluation**

- collect information from workers on what worked and what was lacking during the pandemic response
- utilize the feedback to make any necessary changes to pandemic plans for future use

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## APPENDIX X ADDITIONAL RESOURCES

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### Links to additional “ready to print” tools:

Government of Manitoba Fact Sheets on H1N1:

<http://www.gov.mb.ca/flu/index.html>

“Responding to Stressful Events” series, from the Public Health Agency of Canada  
(Available in pdf and html format)

- Taking Care of Ourselves, Our Families and Our Communities (*8 page pdf*)  
[http://www.phac-aspc.gc.ca/publicat/oes-bsu-02/pdf/communities\\_e.pdf](http://www.phac-aspc.gc.ca/publicat/oes-bsu-02/pdf/communities_e.pdf)
- Helping Children Cope (*10 page pdf*)  
[http://www.phac-aspc.gc.ca/publicat/oes-bsu-02/pdf/helping-child-cope\\_e.pdf](http://www.phac-aspc.gc.ca/publicat/oes-bsu-02/pdf/helping-child-cope_e.pdf)
- Helping Teens Cope (*10 page pdf*)  
[http://www.phac-aspc.gc.ca/publicat/oes-bsu-02/pdf/helping-teens-cope\\_e.pdf](http://www.phac-aspc.gc.ca/publicat/oes-bsu-02/pdf/helping-teens-cope_e.pdf)
- Self-Care for Caregivers (*7 page pdf*)  
[http://www.phac-aspc.gc.ca/publicat/oes-bsu-02/pdf/self-care-caregivers\\_e.pdf](http://www.phac-aspc.gc.ca/publicat/oes-bsu-02/pdf/self-care-caregivers_e.pdf)

“Your Emergency Preparedness Guide” from Public Safety Canada

[http://www.getprepared.ca/\\_fl/guide/national-eng.pdf](http://www.getprepared.ca/_fl/guide/national-eng.pdf)

“Bug Out! Get the Facts on Germs” series, from The Canadian Red Cross (includes activity booklets and facilitators guides for age categories 6-8, 9-11, 12-13)

<http://www.redcross.ca/article.asp?id=26447&tid=001>

- Family Activity Booklet (*72 page pdf*)  
<http://www.redcross.ca/article.asp?id=26447&tid=001>

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## APPENDIX XI GLOSSARY OF TERMS

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**Two-way communication** – Communication that occurs in two directions; back and forth; dialogue.

**Central operations personnel** – Supervisory and management staff making decisions and providing direction specific to the pandemic response.

**Cultural safety** – Refers to an environment which is perceived by clients as one that enhances and empowers their cultural identity and well being.<sup>29</sup>

**Deployment** – refers to an assignment to a new task or role directly related to pandemic response, sometimes at a new worksite or location (i.e., deployed into the “field”). This term originates from military terminology and structure in line with the “incident command” model that is used for pandemic planning and response in order to clarify decision making processes.

**Employee assistance program (EAP)** – A benefit program offered by many employers, usually in conjunction with a health insurance plan. EAPs provide short-term counseling and referral services and are intended to help employees and their family members deal with personal problems that might adversely impact their work performance, health, and well-being.

**Essential service providers** – For the purposes of this document, may include doctors, nurses and other health care workers, emergency and public safety workers (e.g. EMS, Police, Fire), testing and research lab technicians, mental health workers, and public health and disaster management staff. May also include public utilities, sanitation, transportation, and food and medicine supply-chain operators.

**Front-line workers** – The first point of contact with patients or clients who are seeking information, treatment, or other supports.

**Shift exit interviews** – meetings between the supervisor on duty and the staff finishing their shift to address any lingering concerns or issues the staff member might have.

**“Just in time”** – Training or other tools that can be developed in advance, so that they are ready to be used if or when a pandemic emerges.

**Mindfulness training** – Guidance in the practice of becoming increasingly aware of and fully present in the current moment, using the full resources of the mind, body and senses.

**Pandemic ‘waves’** – Multiple periods of infection over the course of the pandemic.

**Personal Resiliency** – The ability of individuals to quickly adapt to and cope with adverse circumstances in a healthy manner; the ability to ‘bounce back’ under pressure and to recover quickly from disruptive change without being overwhelmed or acting in dysfunctional or harmful ways.

**Psychological first aid** – An evidence informed approach to help individuals in the immediate aftermath of a traumatic event such as a pandemic.

**Psychosocial** – Refers to the full spectrum of psychological and sociological human needs, considering the person as a whole.

**Quarantined** – Compulsory physical separation, including restriction of movement of healthy people who have possibly been exposed to a contagious disease. Sometimes used interchangeably with “isolated”. (PHAC, *Disaster Behavioural Health Module*)

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<sup>29</sup>University of Victoria, Peoples’ Experience of Colonization in Relation to Health Care, Glossary, <http://web2.uvcs.uvic.ca/courses/csafety/mod3/glossary.htm#csa>



**Response workers** – Staff members who are assigned to work that occurs in direct response to the emerging or current pandemic.

**Risk communication** – The process of communicating information responsibly and effectively about risk factors.

**Secondary impacts** – Results of a pandemic in addition to primary health consequences, such as loss of income and/or employment, interruption of routines, social disruption.

**Surge capacity** – The ability to deal with a sudden increase in work volume, especially related to an increase in patient volume. (PHAC)

**Worker-care teams** – A group of volunteers or staff who are equipped to provide psychosocial services to those who respond to a pandemic. (BC, Worker Care Teams)

**Workforce Resiliency** – The ability of employees of an organization or system to continue to fulfill essential functions when acted upon by a stressor, such as a pandemic.

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## APPENDIX XII CONTRIBUTORS

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This document was created through the joint efforts of the Influenza Psychosocial Planning Table of Manitoba Health and Healthy Living.

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